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COVER LETTER

то:	Registration Sec Division of Cor			
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SUBJE	:CT:		ited Liability Company	
The end	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ndence concerning this matter	to the following:	
		BOBBY WHITE		
			Name of Person	
			Firm/Company	
		8813 SILVERLEAF AVE		
			Address	
		SOUTHPORT .FL 32409		
			City/State and Zip Code	
		FRIENDLYCORPORATE		· .
For furt	ther information co	n-mail address: (oncerning this matter, please ca	to be used for future annual report notif all:	icationi
вовв	Y D WHITE		850 625-0480 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALLANASSEE, FLORIDO

BK PAINTING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/21/2017	
	and assigned
lorida document number 1.47000135381	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
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	enter the name of the n
3. If amending the registered agent and/or registered office address on our records,	
B. If amending the registered agent and/or registered office address on our records, egistered agent and/or the new registered office address here: Name of New Registered Agent:	
3. If amending the registered agent and/or registered office address on our records, egistered agent and/or the new registered office address here:	
B. If amending the registered agent and/or registered office address on our records, egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
3. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Flori City	
3. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00